## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 02, 01  B. WING			(X3) DATE SURVEY COMPLETED  06/30/2011	
		155667					
NAME OF PROVIDER OR SUPPLIER  OAK GROVE CHRISTIAN RETIREMENT VILLAGE				2	EET ADDRESS, CITY, STATE, ZIP CODE 21 W DIVISION ST DEMOTTE, IN 46310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENCY		LD BE	(X5) COMPLETION DATE
K 000	00 INITIAL COMMENTS		K	000			
	Licensure Survey wa	Recertification and State as conducted by the Indiana Health in accordance with 42					
	Survey Date: 06/30/	11					
	Facility Number: 010 Provider Number: 19 AIM Number: 20023	55667					
	Surveyor: Bridget Bro Specialist	own, Life Safety Code					
	Christian Retirement compliance with Req Medicare/Medicaid, Life Safety from Fire National Fire Protect Life Safety Code (LS original building ider and Skilled units wer and southwest wings	juirements for Participation in 42 CFR Subpart 483.70(a), the 2000 edition of the ion Association (NFPA) 101, tC) and 410 IAC 16.2. The ntified as the Shepard's Care te located on the southeast of the first floor, built prior to surveyed with Chapter 19,					
	of Type V (111) cons fire alarm system wit corridors and spaces	story fully sprinklered building truction. The facility has a h smoke detection in the sopen to the corridors. The y of 49 and had a census of survey.					
K 000		obert Booher, Life Safety lical Surveyor on 07/01/11. S	K	000			
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

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K 000	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		К	000			